Please type a plus sign (+) inside this box → +	PTO/SB/05 (4/98) Approved for use through 09/30/2000. OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
UTILITY	equired to respond to a collection of information unless it displays a valid OMB control number.  Attorney Docket No. 2001-01442
PATENT APPLICATION	First Inventor or Application Identifier Paul G. Loubser
TRANSMITTAL	Title Superglottic And Peri-Laryngeal Apparatus
Only for new nonprovisional applications under 37 C.F.R. § 1.5.	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application con	Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application Ontents. Washington, DC 20231
1. X * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing the state of the processing the proce	5 Microfiche Computer Program (Appendix)
2. X Specification [Total Pages 4]  (preferred arrangement set forth below)  - Descriptive title of the Invention  - Cross References to Related Applications  - Statement Regarding Fed sponsored R & D  - Reference to Microfiche Appendix  - Background of the Invention  - Brief Summary of the Invention  - Brief Description of the Drawings (if filed)  - Detailed Description  - Claim(s)  - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Copy  b. Paper Copy (identical to computer copy)  c. Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  7. Assignment Papers (cover sheet & document(s))  8. 37 C.F.R.§3.73(b) Statement X Power of (when there is an assignee)  9. English Translation Document (if applicable)  10. Information Disclosure Statement (IDS)/PTO-1449 Citations  11. Preliminary Amendment  12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  * Small Entity Statement filed in prior application (PTO/SB/09-12)  13. Statement(s) X Statement filed in prior application Status still proper and desired (PTO/SB/09-12)  14. (if foreign priority is claimed)  15. Other:
Continuation Divisional X Continuation  Prior application information: Examiner M.B. Pat  For CONTINUATION or DIVISIONAL APPS only: The entire under Box 4b, is considered a part of the disclosure of the	ate box, and supply the requisite information below and in a preliminary amendment: ation-in-part (CIP) of prior application No:
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Customer Number or Bar Code Labe! (Insert Custome	or X Correspondence address below mer No. or Attach bar code label here)
Name Al Harrison	
Harrison & Egbert	
Address 1018 Preston #100	
City Houston	State TX Zip Code 77002
	lephone 713-223-4034 Fax 713-223-4873
Name (Print/Type) Al Harrison Signature	Registration No. (Attorney/Agent)   31708

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## FEE TRANSMITTA for FY 2000

Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

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Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Paul G. Loubser			
Examiner Name				
Group / Art Unit				
Attorney Docket No.	2001-01442			

Date

29-200

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES							
- indicated fees and credit any overpayments to:	Larg Fee	Foo Dold						
Deposit Account	Cod		Code		Fee Description	Fee Paid		
Number	105	130	205	65	Surcharge - late filing fee or oath	0.00		
Deposit Account 08,0870	127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	0.00		
Account Name 08-0879	139	130	139	130	Non-English specification	0.00		
Charge Any Additional Fee Required		2,520		2,520	For filing a request for reexamination	0.00		
Under 37 CFR §§ 1 16 and 1.17	112	920*		920*	Requesting publication of SIR prior to			
2. 🔀 Payment Enclosed:					Examiner action	0.00		
Check Money X Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00		
FEE CALCULATION	115	110	215	55	Extension for reply within first month	0.00		
1. BASIC FILING FEE	116	380	216	190	Extension for reply within second month	0.00		
Large Entity Small Entity	117	870	217	435	Extension for reply within third month	0.00		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1,360	218	680	Extension for reply within fourth month	0.00		
404 000 004 045 1000 500	128	1,850	228	925	Extension for reply within fifth month	0.00		
101 690 201 345 Utility filing fee 355.00 106 310 206 155 Design filing fee	119	300	219	150	Notice of Appeal	0.00		
107 480 207 240 Plant filing fee	120	300	220	150	Filing a brief in support of an appeal	0.00		
108 690 208 345 Reissue filing fee	121	260	221	130	Request for oral hearing	0.00		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	0.00		
207-200	140	110	240	55	Petition to revive - unavoidable	0.00		
SUBTOTAL (1) (\$) 355.00	141	1,210	241	605	Petition to revive - unintentional	0.00		
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (or reissue)	0.00		
Fee from Ext <u>ra Claims below Fee Paid</u>	143	430	243	215	Design issue fee	0.00		
Total Claims 11 -20** = 0 X 9 = 0	144	580	244	290	Plant issue fee	0.00		
Independent T - 3** = 0 X 40 = 0	122	130	122	130	Petitions to the Commissioner	0.00		
Multiple Dependent	123	50	123	50	Petitions related to provisional applications	0.00		
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of Information Disclosure Stmt			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581	40	581	40	Recording each patent assignment per	0.00		
Code (\$) Code (\$)					property (times number of properties)	0.00		
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00		
102 78 202 39 Independent claims in excess of 3	149	690	249	345	For each additional invention to be	0.00		
104 260 204 130 Multiple dependent claim, if not paid					examined (37 CFR § 1.129(b))	0.00		
109 78 209 39 ** Reissue independent claims over onginal patent	Other	fee (sp	ecify)			0.00		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent Oth			Other fee (specify) 0.00					
					SUPTOTAL (S)			
SUBTOTAL (2) (\$) 0.00 reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00								
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) A1 Harrison Registration No. 31 708 Telephone 713_223_4034						4034		

Signature

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